UNIVERSITY OF MINNESOTA
HIPAA NOTICE OF PRIVACY PRACTICES
Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
If you have any questions about this notice, please contact the Privacy Office at (612) 624-7447.

WHO WILL FOLLOW THIS NOTICE.
The University of Minnesota provides a wide variety of health care services through various separate, but related
units. This notice describes the privacy practices of the University of Minnesota, including:

- Any health care professional authorized to enter information into your medical record.
- All health care departments, clinics and units such as Boynton Health Services, the Community University
  Health Care Center (CUHCC), the School of Dentistry or a student health service.
- Any member of a volunteer group we allow to help you while you are a patient.
- All University health care employees, staff and other personnel, and students.
- Separate notices describe the practices of the University of Minnesota UPlan. In order to help the
  University provide quality health care, all of the above entities, sites and locations may share health
  information with each other for treatment, payment or operations purposes described in this notice.

OUR COMMITMENT REGARDING HEALTH INFORMATION:
We understand that health information about you and your health is personal. We are committed to protecting
health information about you by complying with all applicable federal and state privacy and confidentiality
requirements. Accordingly, we have developed policies, enhanced the controls over our computers and other
systems which access and store health data, and educated our workforce about protecting your health information.

This health facility is part of the University of Minnesota. The University of Minnesota provides a variety of health
care services to the community. In doing so, the various parts of the system obtain health information about and
from their patients. As we obtain this information, we create a record of the care and services you receive. We need
this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all
of the records of your care generated by the University of Minnesota. This notice will tell you about the ways in
which we may use and disclose health information about you. We also describe your rights and certain obligations
we have regarding the use and disclosure of your health information.

We are required by law to make sure that health information that identifies you is kept private; give you this notice
of our legal duties and privacy practices with respect to health information about you; and follow the terms of the
notice that is currently in effect.

The University of Minnesota strives to protect the privacy and security of your health information during your
treatment and after your treatment has ended. The University uses electronic record systems and believes they are
an important part of improving the quality and safety of the care we provide. Physicians, authorized practitioners,
and authorized members of our workforce are given access to these systems so that they can access your information
when needed. The University of Minnesota has policies, procedures and technical safeguards in place to protect
your information from being accessed by anyone other than those authorized.

While our internal information systems are reasonably secure from access by unauthorized parties, e-mail
communication between you and the University of Minnesota is not secure because it is transmitted through public
communication lines (the Internet). There is a possibility that e-mail transmitted using the Internet could be
intercepted or received by an unauthorized person. Physicians and staff will not communicate with you using e-mail
unless you have authorized us to do so.
HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.
The following categories describe different ways that we use and disclose medical information. For each category
of uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category
will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the
categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We
will provide medical information about you to doctors, nurses, technicians, medical students, residents, or other
personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to
know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell
the dietitian if you have diabetes so that we can arrange for appropriate meals. Different units of the University also
may share medical information about you in order to coordinate the different things you need, such as prescriptions,
lab work and x-rays. We may use and disclose medical information about you in order to communicate with you
about available treatment—for example, to send you appointment or prescription refill reminders, or to offer
wellness and other educational programs, or to tell you about or recommend possible treatment options or
alternatives that may be of interest to you. With your agreement, we also may disclose information about you to
others outside the University involved in your care. These may include specialists who are consulted about your
treatment or care, home health agencies or medical equipment suppliers who provide services that are related to your
care, and your regular physician on record so that they have appropriate information for providing care to you.

For Payment. We may use and disclose medical information about you so that the treatment and services you
receive may be billed to and payment may be collected from you, the responsible party (guarantor) on your account,
Medicare or other governmental programs, an insurance company or another third party. When you become a
patient, we will ask for your agreement to disclose information outside the University as necessary to obtain
payment for your health care. For example, we may need to give your health plan information about care you
received so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a
treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover the rest of
the treatment.

For Health Care Operations. We may use and disclose medical information about you for health care
operations. These uses and disclosures are necessary to run the health care units of the University and make sure
that all of our patients receive quality care. For example, we may use medical information to review our treatment
and services and to evaluate the performance of our staff in caring for you. We may also combine medical
information about many patients to decide what additional services the University should offer, what services are not
needed, and whether certain new treatments are effective. We may also provide information to doctors, nurses,
technicians, medical and nursing or other students and other personnel and trainees for review and learning
purposes. With your agreement we may also combine the medical information we have with medical information
from other health care centers to compare how we are doing and see where we can make improvements in the care
and services we offer. We may remove information that identifies you from this set of medical information, so that
others may use it to study health care and health care delivery without learning who you are. If we do so, we only
provide them with health information when it is necessary and only after they have signed a written agreement
agreeing to protect the privacy of the information.

Business Associates. Sometimes it is necessary for us to hire outside parties (business associates) to help us
carry out certain health care operations or services. These services are provided in our organization through
contracts with the business associates. Examples include computer maintenance by outside companies, consultants
and transcription of medical records by outside medical records services. When these services are contracted, we
may disclose your health information to our business associates so that they can perform the job we’ve asked them
to do. Similarly, there are departments of the University that provide services to us, and may need access to your
health information to do their jobs. We require business associates and other University of Minnesota departments
to appropriately safeguard your information.
Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or health care.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health Related Benefits or Services. We may use and disclose health information to tell you about health related benefits or services that may be of interest to you.

Fundraising Activities. We may use certain information to contact you in an effort to encourage donations for the University. We may disclose contact information to a foundation related to the University so that the foundation may contact you to encourage donations. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at the University. When, and if, the University of Minnesota or a related foundation contacts you to encourage a donation, you can choose to opt out of any future contacts. If you do not want the University or foundation to contact you for fundraising efforts, address your request in writing to the Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may communicate medical information about you to a family member or friend who is involved in your medical care or payment for your medical care. If your condition prevents you from being able to state your wishes about such communications, we will use our professional judgment to determine with whom we should communicate. In addition, in the event of a natural disaster or other disaster, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Other Care Providers. With your agreement, we may disclose medical information to health care professionals who have cared for or are caring for you, such as, a referring hospital and its physicians, rescue squads or a nursing home medical director, for them to use in treating you, seeking payment for treatment, and certain health care operations, such as evaluating the quality of their care and the performance of their staff, providing training, and licensing and accreditation reviews.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. By performing research, we learn new and better ways to diagnose and treat illnesses. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. We also may retain samples from tissue or blood and other similar fluids normally discarded after a medical procedure for later use in research projects. All these research projects, however, are subject to a special review and approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. In some cases, your authorization would be required. In other cases it may not, where the review process determines that the project creates no more than a minimal risk to privacy, obtaining your authorization would not be practical and the researchers show they have a plan to protect the information from any improper use or disclosure. We may also disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the University. And if a research project can be done using medical data from which all the information that identifies you (such as your name, social security number and medical record number) has been removed, we may use or release the data without special approval. We also may use or release data for research with a few identifiers retained—dates of birth, admission and treatment, and general information about the area where you live (not your address), without special approval. However, in this case we will have those who receive the data sign an agreement to appropriately protect it. In the event that you participate in a research project that involves treatment, your right to access health information related to that treatment may be denied during the research project so that the integrity of the research can be preserved. Your right to access the information will be reinstated upon completion of the research project.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.
To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent an immediate, serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ or tissue procurement or to an organ donation bank, to further organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:
- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report endangering disabilities of drivers and pilots;
- to report abuse or neglect of children and vulnerable adults;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if you have authorized that disclosure.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official. Examples of where information may be released to a law enforcement official without your individual authorization include:
- In response to a court order;
- About certain types of wounds or wounds made by certain weapons;
- For medical examiner investigations;
- In emergency situations;
- For child abuse investigations;
- To identify a deceased person;
- About the victim of a crime if, under certain limited circumstances, we are able to obtain the person’s agreement; and
- About criminal conduct at the hospital.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We
may also release medical information about deceased patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state of conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical and billing records. To inspect and copy your medical or billing records, you may submit your request in writing to the Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455. If you request a copy of the information, we may charge a fee for costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed in certain circumstances. If you so request, another licensed health care professional chosen by the University will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request Amendments. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to the Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless you can show the person or entity that created the information is no longer available to make the amendment. If so, we will add your request to the information record;
- Is not part of the medical information kept by or for the University;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

We will notify you in writing if we deny your request. If the request is denied, you have the right to submit a written statement of reasonable length disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of medical information about you that were not for treatment, payment or health care operations and of which you were not previously aware. To request this list of accounting of disclosures, you must submit your request in writing to the Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. If the cost will be greater than $50.00, we will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If one facility in the University of Minnesota agrees to a
restriction, the restriction applies only to the facility that agreed, unless you submit the request to and receive written agreement to the restriction from other facilities at the University of Minnesota.

To request restrictions, you must make your request in writing--contact the Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Alternative Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must make your request in writing--contact the Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455. We will not ask you the reason for your request. We will accommodate all reasonable requests within our technical capabilities. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

- You may obtain a copy of this notice at our Web site, http://www.privacysecurity.umn.edu.
- You may obtain a copy of the notice by e-mailing the privacy office at privacy@umn.edu to request a copy of the notice.
- To obtain a paper copy of this notice, contact the Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455.

CHANGES TO THIS NOTICE
We are required to abide by the terms of our notice currently in effect. We reserve the right to change this notice, and make the changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in registration and admission areas of the health care units of the University, and on our Web site. The notice will contain on the first page, in the top corner, the effective date. In addition, each time you register at or are admitted to a University health care unit for treatment or health care services as an inpatient or outpatient, we will have copies of the current notice available on request.

COMPLAINTS
If you believe your privacy rights have been violated, you may file a complaint with the University or with the Secretary of the Department of Health and Human Services. To file a complaint, contact the University’s Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455. You may also call the University of Minnesota Privacy Office at (612) 624-7447 to discuss your question or complaint. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You may also submit your complaint directly to the Department of Health and Human Services – Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601.

OTHER USES OF MEDICAL INFORMATION.
Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you for a particular purpose, you may revoke that permission, in writing, at any time by contacting the Privacy Office at MMC 501, 420 Delaware Street SE, Minneapolis, MN 55455. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

MORE INFORMATION.
For more information, contact the Privacy Office at (612) 624-7447.